## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1430. Alexandria, Virginia 22313-1450

				or Fax (5	571)-273-2885				
INSTRUCTIONS. This appropriate. All further indicated unless correct maintenance for notific	s form should be used r correspondence includ- ted below or directed of attons	for tra ing the herwis	nsmitting the ISS Patent, advance or in Block I, by (	UE FEE and PUBLICA orders and notification of (a) specifying a new con-	TION FEE (if requirements for the control of the co	sired). will be i, and/o	Blocks I through is mailed to the current of (b) indicating a sep	hould be completed when correspondence address a grate "FEE ADDRESS" for	
CURRENT CORRESPON	DENCE ADDRESS (Note: Use 8	Bess 1 S	any change of address)	N	ote: A certificate of	marlin	2 can only be used for	or domestic medicar of the	
		Fi	Note: A certificate of mailing can only be used for domestic mailings of the feets) Transmittal. This certificate cannot be used for any other accompanying papers, Each additional paper, such as an assignment or formal drawing, may have the certificate of the certificate.						
69987	69987 7390 02/05/2016					have its own certificate of mailing or transmission			
BAYER HEALTHCARE LLC Law & Patents 800 Dwight Way BERKELEY, CA 94710					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmission gatoposted with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the fault Stop 1850's FEE address above, or being Institution and Comparison of the Comparison of the Comparison of the Section 1850's FEE address above, or being Institution and Comparison of the Co				
Buddles 1, C	A 24/10			Γ				(Depositor's name	
								(Signature)	
					***************************************			(Oute)	
APPLICATION NO. FILING DATE				R	ATTORNEY DOCKET NO CONFIRMATION NO				
10/549,506 07/07/2006			L	FIRST NAMED INVENTOR  Kim Vilbour Andersen					
TITLE OF INVENTION	i: PVII OR FVIIA VAR	ANTS		Nam Vinden Zungersen			0272US310	7696	
APPLN. TYPE	SMALL ENTITY	1ŝ.	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	ti rino	200		
nonprovisional	NO		\$1510	\$300			TOTAL FEE(S) DUE	DATE DUE	
				· · · · · · · · · · · · · · · · · · ·	\$0		\$1810	05/05/2010	
EXAMINER			ART UNIT	CLASS SUBCLASS	_				
LJU, SAS			1656	530-384600					
Change of correspondence address or indication of "Fee Address" (37 Fee 1.363).  Change of correspondence address for Change of Correspondence address for Change of Correspondence address for PIONSB/122) states for Change of Correspondence address form PIONSB/126, No. 03-02 or more recently attached. Use of a Customer Number is required.				2. For printing on the patient front page, list (1) the names of up to 3 registered patent attorneys (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents If no name is intect, no name will be printed.					
ASSIGNEE NAME A	ND RESIDENCE DATA	TOB	E PRINTED ON I	HE PATENT (print or ty	pe)				
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIC	ess an assignce is ident inn 37 CFR 3.11. Comp SNBE	fied be letion o	low, no assignee of this form is NO	data will appear on the p f a substitute for filing an (B) RESIDENCE: (CIT	oatent. If an assign assignment, Y and STATE OR C	e is id	entified below, the de	cument has been filed for	
BAYER HEALTH CARE WC				TARRYOWN, NEW YORK					
lease check the appropri	nte assignee category or	categos	ies (will not be pro	ented on the patent) · [	Individual 🖫 Co	rporatio	m or other private grea	ip entity Quvernment	
a The following fee(s) are submitted:    Subset Fee				b. Psyment of Fec(s): (Please first reappty any previously paid issue fre shown above)  ☐ A check is enclosed. ☐ Dysyment by credit card. Form FTO-2038 is attached. ☐ The Director is hereby subnorized to charge the required fee(s), any deficiency, or credit any overphysment. On Expessit Account Clauber 1.02, 4,940° _ (enclose an extra copy of this form).					
a Applicant claims	us (from status indicated SMALL ENTITY statu	Sec 3	7 CFR 1.27,	D b. Applicant is no lon	per claiming SMAI	FNT	ITV stains Can 27 CC	2.1.3%,37%	
OFE The Issue Fee and ferest as shown by the n	Publication Fee (if requestords of the feet See	ired) w	ill not be accepted at and Trademark	from anyone other than t	he applicant; a regis	tered at	lorney or agent; or the	assigned or other party in	
Authorized Signature:	457/				Date 5				
Typed or proteed name		*********	SANTON JA	**************************************	Registration No.	a 3	57822		
us enliection of informa application. Confidenti brinting the completed is firm and/or suggester ox 1450. Afexandria, Vi lexandria, Virgines 2231	lion is required by 37 Cl ality is governed by 35 application form to the ins 6st reducing this ben from \$2313-1450. DO 3-1450.	R L31 J S.C USPTC len, she NOT S	The information 122 and 37 CFR 1 Time will vary of hald be sent to the END FEES OR C	n is required to obtain or a 14. This collection is est depending upon the indiv Chief Information Office OMPLETED FORMS TO	etain a benefit by th imated to take 12 m idual case. Any con ir, U.S. Patent and T D. THIS ADDRESS	e public inutes u ninents radema SEND	which is to file (and) which is to file (and) o complete, including on the amount of time rk Office, U.S. Depar TO: Commissioner for	by the USPTO to process) gathering, preparing, and gathering of complete ment of Commerce, P.O. Patents, P.O. Bey 1450.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.